

**Political Organization  
Report of Contributions and Expenditures**

OMB No. 1545-1696

▶ See separate instructions.

**A For the period beginning** 01/01/2008 **and ending** 03/31/2008

**B Check applicable box:** ☐ Initial report ☐ Change of address ☒ Amended report ☐ Final report

**1 Name of organization** Iowans Against Unsafe Public Projects **Employer identification number** 39 - 2050148

**2 Mailing address (P.O. box or number, street, and room or suite number)**  
5806 Meredith Drive Suite B

**City or town, state, and ZIP code**  
Des Moines, IA 50322

**3 E-mail address of organization:** no@email **4 Date organization was formed:** 02/26/2007

**5a Name of custodian of records** Bill Gerhard **5b Custodian's address** 5806 Meredith Drive Suite B  
Des Moines, IA 50322

**6a Name of contact person** Bill Gerhard **6b Contact person's address** 5806 Meredith Drive Suite B  
Des Moines, IA 50322

**7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number**  
5806 Meredith Drive Suite B  
**City or town, state, and ZIP code**  
Des Moines, IA 50322

**8 Type of report (check only one box)**

- ☒ First quarterly report (due by April 15)  
☐ Second quarterly report (due by July 15)  
☐ Third quarterly report (due by October 15)  
☐ Year-end report (due by January 31)  
☐ Mid-year report (Non-election year only-due by July 31)
- ☐ Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)  
☐ Pre-election report (due by the 12th or 15th day before the election)  
(1) Type of election:  
(2) Date of election:  
(3) For the state of:  
☐ Post-general election report (due by the 30th day after general election)  
(1) Date of election:  
(2) For the state of:

**9 Total amount of reported contributions (total from all attached Schedules A).....9. \$ 5000**

**10 Total amount of reported expenditures (total from all attached Schedules B).....10. \$ 23**

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Ashley Nicole Devine

05/07/2008

**Sign  
Here**

Signature of authorized official

Date

**Schedule A    Itemized Contributions**

Schedule A

**Contributor's name, mailing address and ZIP code**

N/A  
4600 46th Avenue Blackhawk Road  
Rock Island, IL 61201

**Name of contributor's employer**

Plumbers and Pipe FittersLocal Union 25

**Contributor's occupation**

N/A

**Aggregate contributions year-to-date**

\$ 1000

**Amount of contribution**

\$ 1000

**Date of contribution**

01/03/2008

**Contributor's name, mailing address and ZIP code**

N/A  
4208 W. Partridge Way Unit #2  
Peoria, IL 61615

**Name of contributor's employer**

Great Plains Laborers' District Council

**Contributor's occupation**

N/A

**Aggregate contributions year-to-date**

\$ 4000

**Amount of contribution**

\$ 4000

**Date of contribution**

02/20/2008

**Schedule B**   **Itemized Expenditures**

Schedule B

**Recipient's name, mailing address and ZIP code**N/A  
2301 128th Street  
Urbandale, IA 50323**Name of recipient's employer**Iowa State Bank  
**Recipients's occupation**  
N/A**Amount of Expenditure**\$ 8  
**Date of expenditure**  
01/31/2008**Purpose of expenditure**

Banking Service Fees

**Recipient's name, mailing address and ZIP code**N/A  
2301 128th Street  
Urbandale, IA 50323**Name of recipient's employer**Iowa State Bank  
**Recipients's occupation**  
N/A**Amount of Expenditure**\$ 8  
**Date of expenditure**  
02/29/2008**Purpose of expenditure**

Bank Service Fees

**Recipient's name, mailing address and ZIP code**N/A  
2301 128th Street  
Urbandale, IA 50323**Name of recipient's employer**Iowa State Bank  
**Recipients's occupation**  
N/A**Amount of Expenditure**\$ 7  
**Date of expenditure**  
03/31/2008**Purpose of expenditure**

Banking Service Fees